DIVISION OF CHILD MENTAL HEALTH SERVICES
DISCHARGE FROM OUTPATIENT SUBSTANCE ABUSE SERVICES
DIRECTIONS

GENERAL DIRECTIONS

This form is to be completed for on clients within one month on the final authorized session..

Forms must be printed legibly or typed.

Agency staff assigned to gather the information should complete this form. In most cases the primary therapist can obtain the information but other agency staff may be identified.

Before submission to DCMHS, agency staff should proofread all forms. The signature of the person completing the form indicates that the form has been proofread for completeness, legibility and absolute accuracy of data.

All sections must be completed. It is unacceptable for "Not Applicable" to be inserted. If the therapist has information not included on the checklist, he/she should print the information under the appropriate column.

Circle the number of the item. [01, 02, etc.] Unless otherwise indicated, only one number should be circled in each category.

For the purpose of these directions, the word "client" always refers to the child or adolescent who is the identified patient for whom services have been requested.

Client Name
This should be the same name that was on the admission form. The client is the child or adolescent for whom services have been provided The name of the client must not deviate from the legal name listed on the birth certificate, unless the name has been legally changed. No nicknames are to be used. The client name should be the same name listed on the application form and on the admission form. Print the child's last name (legal name only). Then complete the first name of the child. Only one client's name should be on each form.

DOB
List Month/Date/Year (MM/DD/YY) of the child's birth.

Date of Discharge
This is the date on which the case is closed by the agency, and is no longer active for either direct or indirect services for the client. It often is later than the date of the last direct contact, but should not be longer than ninety days from last time the client/family was seen by a therapist at the agency. Preferably the therapist will have followed up and closed in no less than 30 days from the last contact.

Agency
Print the name of the agency that provided the service.

Reason for Discontinuation
Check the reason for discontinuation.

01 Transferred
The following are examples in which this would be checked: [In these circumstances, the therapist has usually worked actively with the other agency or case manager to facilitate the transfer.]
   a. The client has moved, and services will continue at the same level in another location/office/agency within the state system.
   b. The client has had probation revoked and he/she will return to a Level IV or V residential facility.

02 Administratively Discontinued
The client/family has been lost to contact for 90 days and there has been no response to follow-up.

03 Client Died
If a client dies while in DCMHS treatment service or within six months of discharge, no matter what the circumstances, a full written report of the circumstances must be filed with the program administrator in the form of an incident report as stipulated in the contract, in addition to the required incident report.

04 Client/Family Terminated Services Against Advice
The family has refused to continue treatment for the child. This refusal must be documented in the client record.

05 Client Moved out of the Area

06 Discharged - Treatment Completed - Treatment goals have been met and there is no further need for outpatient services at this time.

07 Discharged - Additional services needed - Referral made. The agency/therapist has assisted the family in making a referral to another program.

08 Discharged - Additional services needed - No referral made. The agency/therapist has recommended that the family call elsewhere for services but has not had an active role in assisting with the referral.

09 Other - None of the above. Specify on the line provided.

Referral at Discontinuation

Family - use this category if numbers 2, 4, 5, 6 or 8 above were checked.
Other - None of the above. Specify on the line provided.

Problem Status on Discontinuation
This sections notes the status of the problems for which the client was admitted. These should correspond to those on the admission form. Where there have been changes, these should be noted. Please be as accurate as possible as these data are used to study client outcome.

Diagnosis Remaining at Discontinuation
Same as on Intake Form